

J10517 U.S. PTO  
04/05/01PTO/SB/05 (03-04)  
Approved for use through 10/31/2002 OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Please type a plus sign (+) inside this box → 

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

J10517 U.S. PTO  
04/05/01

|   |  |  |
|---|--|--|
| <b>UTILITY<br/>PATENT APPLICATION<br/>TRANSMITTAL</b> |  | <i>Attorney Docket No.</i> M4065.0417/P417             |
|   |  | <i>First Inventor</i> Robert Gentile                   |
|   |  | <i>Title</i> NETWORK BASED BIOS RECOVERY, etc.         |
|   |  | <i>Express Mail Label No.</i> J10517 U.S. PTO 04/05/01 |

(Only for new nonprovisional applications under 37 CFR 1.53(b))

|   |  |  |  |  |  |   |   |  |  |  |   |  |    |         |      |            |                |    |         |          |            |                |  |     |                |            |  |  |     |                |                   |                  |                                  |        |           |            |  |                    |
|---|--|--|--|--|--|---|---|--|--|--|---|--|----|---------|------|------------|----------------|----|---------|----------|------------|----------------|--|-----|----------------|------------|--|--|-----|----------------|-------------------|------------------|----------------------------------|--------|-----------|------------|--|--------------------|
| <b>APPLICATION ELEMENTS</b><br><small>See MPEP chapter 600 concerning utility patent application contents.</small>  |  | <b>ADDRESS TO:</b><br>Box Patent Application<br>Commissioner for Patents<br>Washington, DC 20231   |  |  |  |   |   |  |  |  |   |  |    |         |      |            |                |    |         |          |            |                |  |     |                |            |  |  |     |                |                   |                  |                                  |        |           |            |  |                    |
| <p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17)<br/><i>(Submit an original, and a duplicate for fee processing)</i></p> <p>2. <input type="checkbox"/> Applicant claims small entity status<br/>See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification      [Total Pages <b>15</b>]<br/><i>(preferred arrangement set forth below)</i><br/>           - Descriptive title of the invention<br/>           - Cross Reference to Related Applications<br/>           - Statement Regarding Fed sponsored R &amp; D<br/>           - Reference to sequence listing, a table, or a computer program listing appendix<br/>           - Background of the Invention<br/>           - Brief Summary of the Invention<br/>           - Brief Description of the Drawings (<i>if filed</i>)<br/>           - Detailed Description<br/>           - Claim(s)<br/>           - Abstract of the Disclosure</p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113)      [Total Sheets <b>3</b>]</p> <p>5. Oath or Declaration      [Total Pages <b>2</b>]<br/>           a. <input checked="" type="checkbox"/> Newly executed (original or copy)<br/>           b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br/><i>(for continuation/divisional with Box 18 completed)</i><br/>           i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br/><i>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</i></p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> |  | <p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (<i>Appendix</i>)</p> <p>8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br/><i>(if applicable, all necessary)</i></p> <p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p> <p>b. Specification Sequence Listing on:<br/>           i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or      ii. <input type="checkbox"/> paper</p> <p>c. <input type="checkbox"/> Statements verifying identity of above copies</p> |  |  |  |   |   |  |  |  |   |  |    |         |      |            |                |    |         |          |            |                |  |     |                |            |  |  |     |                |                   |                  |                                  |        |           |            |  |                    |
| <b>ACCOMPANYING APPLICATIONS PARTS</b> <table border="0"> <tr> <td>9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</td> <td>10. <input type="checkbox"/> 37 CFR 3.73(b) Statement      <input type="checkbox"/> Power of Attorney<br/><i>(when there is an assignee)</i></td> </tr> <tr> <td>11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>)</td> <td>12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449      <input type="checkbox"/> Copies of IDS Citations</td> </tr> <tr> <td>13. <input checked="" type="checkbox"/> Preliminary Amendment</td> <td>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br/><i>(Should be specifically itemized)</i></td> </tr> <tr> <td>15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br/><i>(if foreign priority is claimed)</i></td> <td>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i)</td> </tr> <tr> <td>17. <input type="checkbox"/> Other: _____</td> <td>Applicant must attach form PTO/SB/35 or its equivalent</td> </tr> </table>   |  |  | 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) | 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br><i>(when there is an assignee)</i> | 11. <input type="checkbox"/> English Translation Document ( <i>if applicable</i> )   | 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations | 13. <input checked="" type="checkbox"/> Preliminary Amendment | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><i>(Should be specifically itemized)</i> | 15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><i>(if foreign priority is claimed)</i> | 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i) | 17. <input type="checkbox"/> Other: _____ | Applicant must attach form PTO/SB/35 or its equivalent |    |         |      |            |                |    |         |          |            |                |  |     |                |            |  |  |     |                |                   |                  |                                  |        |           |            |  |                    |
| 9. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))  | 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney<br><i>(when there is an assignee)</i> |  |  |  |  |   |   |  |  |  |   |  |    |         |      |            |                |    |         |          |            |                |  |     |                |            |  |  |     |                |                   |                  |                                  |        |           |            |  |                    |
| 11. <input type="checkbox"/> English Translation Document ( <i>if applicable</i> )  | 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations          |  |  |  |  |   |   |  |  |  |   |  |    |         |      |            |                |    |         |          |            |                |  |     |                |            |  |  |     |                |                   |                  |                                  |        |           |            |  |                    |
| 13. <input checked="" type="checkbox"/> Preliminary Amendment   | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><i>(Should be specifically itemized)</i>                 |  |  |  |  |   |   |  |  |  |   |  |    |         |      |            |                |    |         |          |            |                |  |     |                |            |  |  |     |                |                   |                  |                                  |        |           |            |  |                    |
| 15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br><i>(if foreign priority is claimed)</i>  | 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i)   |  |  |  |  |   |   |  |  |  |   |  |    |         |      |            |                |    |         |          |            |                |  |     |                |            |  |  |     |                |                   |                  |                                  |        |           |            |  |                    |
| 17. <input type="checkbox"/> Other: _____   | Applicant must attach form PTO/SB/35 or its equivalent   |  |  |  |  |   |   |  |  |  |   |  |    |         |      |            |                |    |         |          |            |                |  |     |                |            |  |  |     |                |                   |                  |                                  |        |           |            |  |                    |
| <p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:</p> <p><input type="checkbox"/> Continuation    <input type="checkbox"/> Divisional    <input type="checkbox"/> Continuation-in-part (CIP)    of prior application No.: _____</p> <p>Prior application information: Examiner _____ Group / Art Unit: _____</p> <p>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p>   |  |  |  |  |  |   |   |  |  |  |   |  |    |         |      |            |                |    |         |          |            |                |  |     |                |            |  |  |     |                |                   |                  |                                  |        |           |            |  |                    |
| <p><b>19. CORRESPONDENCE ADDRESS</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Customer Number or Bar Code Label</td> <td>or <input checked="" type="checkbox"/> Correspondence address below</td> </tr> <tr> <td colspan="2"> <table border="1"> <tr> <td>Name</td> <td colspan="3">DICKSTEIN SHAPIRO MORIN &amp; OSHINSKY LLP<br/>Thomas J. D'Amico</td> </tr> <tr> <td>Address</td> <td colspan="3">2101 L Street NW</td> </tr> <tr> <td>City</td> <td>Washington</td> <td>State</td> <td>DC</td> </tr> <tr> <td>Country</td> <td>US</td> <td>Telephone</td> <td>(202) 785-9700</td> </tr> <tr> <td></td> <td></td> <td>Zip Code</td> <td>20037-1526</td> </tr> <tr> <td></td> <td></td> <td>Fax</td> <td>(202) 887-0689</td> </tr> </table> </td> </tr> </table> <table border="1"> <tr> <td>Name (Print/Type)</td> <td>Mark J. Thronson</td> <td>Registration No (Attorney/Agent)</td> <td>33,082</td> </tr> <tr> <td>Signature</td> <td colspan="2"><i>MAJ</i></td> <td>Date April 4, 2001</td> </tr> </table>   |  |  | <input type="checkbox"/> Customer Number or Bar Code Label                           | or <input checked="" type="checkbox"/> Correspondence address below  | <table border="1"> <tr> <td>Name</td> <td colspan="3">DICKSTEIN SHAPIRO MORIN &amp; OSHINSKY LLP<br/>Thomas J. D'Amico</td> </tr> <tr> <td>Address</td> <td colspan="3">2101 L Street NW</td> </tr> <tr> <td>City</td> <td>Washington</td> <td>State</td> <td>DC</td> </tr> <tr> <td>Country</td> <td>US</td> <td>Telephone</td> <td>(202) 785-9700</td> </tr> <tr> <td></td> <td></td> <td>Zip Code</td> <td>20037-1526</td> </tr> <tr> <td></td> <td></td> <td>Fax</td> <td>(202) 887-0689</td> </tr> </table> |   | Name  | DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP<br>Thomas J. D'Amico  |  |  | Address                                   | 2101 L Street NW                                       |    |         | City | Washington | State          | DC | Country | US       | Telephone  | (202) 785-9700 |  |     | Zip Code       | 20037-1526 |  |  | Fax | (202) 887-0689 | Name (Print/Type) | Mark J. Thronson | Registration No (Attorney/Agent) | 33,082 | Signature | <i>MAJ</i> |  | Date April 4, 2001 |
| <input type="checkbox"/> Customer Number or Bar Code Label  | or <input checked="" type="checkbox"/> Correspondence address below  |  |  |  |  |   |   |  |  |  |   |  |    |         |      |            |                |    |         |          |            |                |  |     |                |            |  |  |     |                |                   |                  |                                  |        |           |            |  |                    |
| <table border="1"> <tr> <td>Name</td> <td colspan="3">DICKSTEIN SHAPIRO MORIN &amp; OSHINSKY LLP<br/>Thomas J. D'Amico</td> </tr> <tr> <td>Address</td> <td colspan="3">2101 L Street NW</td> </tr> <tr> <td>City</td> <td>Washington</td> <td>State</td> <td>DC</td> </tr> <tr> <td>Country</td> <td>US</td> <td>Telephone</td> <td>(202) 785-9700</td> </tr> <tr> <td></td> <td></td> <td>Zip Code</td> <td>20037-1526</td> </tr> <tr> <td></td> <td></td> <td>Fax</td> <td>(202) 887-0689</td> </tr> </table>  |  | Name   | DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP<br>Thomas J. D'Amico                          |  |  | Address   | 2101 L Street NW  |  |  | City   | Washington                                | State  | DC | Country | US   | Telephone  | (202) 785-9700 |    |         | Zip Code | 20037-1526 |                |  | Fax | (202) 887-0689 |            |  |  |     |                |                   |                  |                                  |        |           |            |  |                    |
| Name  | DICKSTEIN SHAPIRO MORIN & OSHINSKY LLP<br>Thomas J. D'Amico  |  |  |  |  |   |   |  |  |  |   |  |    |         |      |            |                |    |         |          |            |                |  |     |                |            |  |  |     |                |                   |                  |                                  |        |           |            |  |                    |
| Address   | 2101 L Street NW   |  |  |  |  |   |   |  |  |  |   |  |    |         |      |            |                |    |         |          |            |                |  |     |                |            |  |  |     |                |                   |                  |                                  |        |           |            |  |                    |
| City  | Washington   | State  | DC   |  |  |   |   |  |  |  |   |  |    |         |      |            |                |    |         |          |            |                |  |     |                |            |  |  |     |                |                   |                  |                                  |        |           |            |  |                    |
| Country   | US   | Telephone  | (202) 785-9700   |  |  |   |   |  |  |  |   |  |    |         |      |            |                |    |         |          |            |                |  |     |                |            |  |  |     |                |                   |                  |                                  |        |           |            |  |                    |
|   |  | Zip Code   | 20037-1526   |  |  |   |   |  |  |  |   |  |    |         |      |            |                |    |         |          |            |                |  |     |                |            |  |  |     |                |                   |                  |                                  |        |           |            |  |                    |
|   |  | Fax  | (202) 887-0689   |  |  |   |   |  |  |  |   |  |    |         |      |            |                |    |         |          |            |                |  |     |                |            |  |  |     |                |                   |                  |                                  |        |           |            |  |                    |
| Name (Print/Type)   | Mark J. Thronson   | Registration No (Attorney/Agent)   | 33,082   |  |  |   |   |  |  |  |   |  |    |         |      |            |                |    |         |          |            |                |  |     |                |            |  |  |     |                |                   |                  |                                  |        |           |            |  |                    |
| Signature   | <i>MAJ</i>   |  | Date April 4, 2001   |  |  |   |   |  |  |  |   |  |    |         |      |            |                |    |         |          |            |                |  |     |                |            |  |  |     |                |                   |                  |                                  |        |           |            |  |                    |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 1,574.00)

| Complete if Known    |                  |
|----------------------|------------------|
| Application Number   | Not Yet Assigned |
| Filing Date          | April 4, 2001    |
| First Named Inventor | Robert Gentile   |
| Examiner Name        | Not Yet Assigned |
| Group Art Unit       | N/A              |
| Attorney Docket No.  | M4065.0417/P417  |

## METHOD OF PAYMENT

1.  The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **04-1073**

Deposit Account Name \_\_\_\_\_

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  Applicant claims small entity status See 37 CFR 1.27

2.  Payment Enclosed

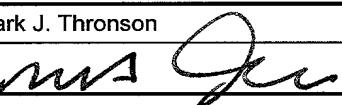
Check  Credit Card  Money Order  Other

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

| Large Entity Fee Code             | Fee (\$) | Small Entity Fee Code | Fee (\$) | Fee Description  | Fee Paid |
|-----------------------------------|----------|-----------------------|----------|--|----------|
| 105                               | 130      | 205                   | 65       | Surcharge – late filing fee or oath  |          |
| 127                               | 50       | 227                   | 25       | Surcharge – late provisional filing fee or cover sheet                     |          |
| 139                               | 130      | 139                   | 130      | Non-English specification  |          |
| 147                               | 2,520    | 147                   | 2,520    | For filing a request for ex parte reexamination                            |          |
| 112                               | 920*     | 112                   | 920*     | Requesting publication of SIR prior to Examiner action                     |          |
| 113                               | 1,840*   | 113                   | 1,840*   | Requesting publication of SIR after Examiner action                        |          |
| 115                               | 110      | 215                   | 55       | Extension for reply within first month                                     |          |
| 116                               | 390      | 216                   | 195      | Extension for reply within second month                                    |          |
| 117                               | 890      | 217                   | 445      | Extension for reply within third month                                     |          |
| 118                               | 1,390    | 218                   | 695      | Extension for reply within fourth month                                    |          |
| 128                               | 1,890    | 228                   | 945      | Extension for reply within fifth month                                     |          |
| 119                               | 310      | 219                   | 155      | Notice of Appeal   |          |
| 120                               | 310      | 220                   | 155      | Filing a brief in support of an appeal                                     |          |
| 121                               | 270      | 221                   | 135      | Request for oral hearing   |          |
| 138                               | 1,510    | 138                   | 1,510    | Petition to institute a public use proceeding                              |          |
| 140                               | 110      | 240                   | 55       | Petition to revive – unavoidable   |          |
| 141                               | 1,240    | 241                   | 620      | Petition to revive – unintentional   |          |
| 142                               | 1,240    | 242                   | 620      | Utility issue fee (or reissue)   |          |
| 143                               | 440      | 243                   | 220      | Design issue fee   |          |
| 144                               | 600      | 244                   | 300      | Plant issue fee  |          |
| 122                               | 130      | 122                   | 130      | Petitions to the Commissioner  |          |
| 123                               | 50       | 123                   | 50       | Processing fee under 37 CFR 1.17(q)  |          |
| 126                               | 180      | 126                   | 180      | Submission of Information Disclosure Stmt                                  |          |
| 581                               | 40       | 581                   | 40       | Recording each patent assignment per property (times number of properties) | 40.00    |
| 146                               | 710      | 246                   | 355      | Filing a submission after final rejection (37 CFR 1.129(a))                |          |
| 149                               | 710      | 249                   | 355      | For each additional invention to be examined (37CFR 1.129(b))              |          |
| 179                               | 710      | 279                   | 355      | Request for Continued Examination (RCE)                                    |          |
| 169                               | 900      | 169                   | 900      | Request for expedited examination of a design application                  |          |
| Other fee (specify) _____         |          |                       |          |  |          |
| *Reduced by Basic Filing Fee Paid |          |                       |          | SUBTOTAL (3) (\$ 40.00)  |          |

\*\*or number previously paid, if greater; For Reissues, see above

| SUBMITTED BY      |   |                                      |        | Complete if applicable |                |
|-------------------|---|--------------------------------------|--------|------------------------|----------------|
| Name (print/type) | Mark J. Thronson  | Registration No.<br>(Attorney/Agent) | 33,082 | Telephone              | (202) 775-4742 |
| Signature         |  |                                      |        | Date                   | April 4, 2001  |